

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>67814</i>	<i>70/4/66</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>59573</i>		<i>10-13-99</i>

*59573*

*2-10-00*

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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